

Please type a plus sign (+) inside this box → 

Approved for use through 10/31/2002. OMB 0651-003

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

02-10-03



# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

2

Application Number

09/981,977

Filing Date

10/17/01

First Named Inventor

Dispensa

Group Art Unit

2681

Examiner Name

unknown

RECEIVED  
JAN 31 2003  
Technology Center 2600

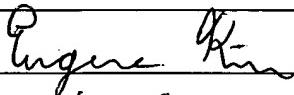
Attorney Docket Number

1590

## ENCLOSURES (check all that apply)

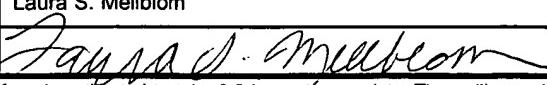
- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Fee Transmittal Form                                | <input type="checkbox"/> Assignment Papers<br>(for an Application)  | <input type="checkbox"/> After Allowance Communication to Group                               |
| <input type="checkbox"/> Fee Attached  | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences           |
| <input type="checkbox"/> Amendment / Response                                | <input type="checkbox"/> Licensing-related Papers   | <input type="checkbox"/> Appeal Communication to Group<br>(Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition   | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                           | <input type="checkbox"/> Petition to Convert to a Provisional Application   | <input type="checkbox"/> Status Letter  |
| <input type="checkbox"/> Extension of Time Request                           | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address   | <input checked="" type="checkbox"/> Other Enclosure(s)<br>(please identify below):            |
| <input type="checkbox"/> Express Abandonment Request                         | <input type="checkbox"/> Terminal Disclaimer  | <b>13 US Patents and 1 other prior art--non patent literature documents</b>                   |
| <input checked="" type="checkbox"/> Information Disclosure Statement         | <input type="checkbox"/> Request for Refund   |   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)              | <input type="checkbox"/> CD, Number of CD(s) _____  |   |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application   | Remarks   |   |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <p>The information disclosure statement submitted herewith is being filed within three months of the filing date of the application or date of entry into the national stage of an international application or before the mailing date of a first Office action on the merits, whichever event occurs last. 37 C.F.R. section 1.97(b).</p> <p>It is believed that no fees are due in this matter. However, if it is determined that fees are due, the Commissioner is authorized to debit Deposit Account No. 21-0765 for the required fees.</p> |   |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Eugene G. Kim, Reg. 46,267	
Signature		
Date	1/27/03	

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: **1-27-03**

Typed or printed name	Laura S. Mellblom	
Signature		
Date	1-27-03	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**Substitute for form 1449A/PTO**

## **INFORMATION DISCLOSURE STATEMENT BY APPLICANT**

(use as many sheets as necessary)

Sheet 1 of 2

Complete if Known	
Application Number	09/981,977
Filing Date	10/17/01
First Named Inventor	Dispensa
Group Art Unit	2681
Examiner Name	unknown
Attorney Docket Number	1590

Technology Center JAN 2002

RECEIVED  
12/1/2003

## **U.S. PATENT DOCUMENTS**

## FOREIGN PATENT DOCUMENTS

Examiner Signature		Date Considered	
-----------------------	--	--------------------	--

**EXAMINER:** Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> See Kinds Codes of USPTO Patent Documents at [www.uspto.gov](http://www.uspto.gov) or MPEP 901.04.

<sup>3</sup> Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). <sup>4</sup> For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. <sup>5</sup> Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. <sup>6</sup> Applicant is to place a check mark here if English language Translation is attached.

**Burden Hour Statement:** This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



PTO/SB/08B(10-01)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449A/PTO

## **INFORMATION DISCLOSURE STATEMENT BY APPLICANT**

(use as many sheets as necessary)

Shee

of 2

<b>Complete if Known</b>	
Application Number	09/981,977
Filing Date	10/17/01
First Named Inventor	Dispensa
Group Art Unit	2681
Examiner Name	unknown
Attorney Docket Number	1590

JAN 3 1  
Technology Center 1

RECEIVED  
JAN 3 2003  
Technology Center 6000

## **OTHER PRIOR ART – NON PATENT LITERATURE DOCUMENTS**

Examiner Signature		Date Considered	
-----------------------	--	--------------------	--

**\*EXAMINER:** Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Unique citation designation number (optional). <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.

**Burden Hour Statement:** This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.